

## **APPLICATION DATA SHEET**

### **Application Information**

Application Type::	<b>Regular</b>
Subject Matter::	<b>Utility</b>
CD-ROM or CD-R?::	<b>None</b>
Title::	<b>Intrusion Detection System and Network Flow Director Method</b>
Attorney Docket Number::	<b>FSD-004</b>
Request for Early Publication?::	<b>No</b>
Request for Non-Publication?::	<b>No</b>
Suggested Drawing Figure::	<b>1</b>
Total Drawing Sheets::	<b>6</b>
Small Entity?::	<b>No</b>
Secrecy Order in Parent Appl.?::	<b>No</b>

### **Applicant Information**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>US</b>
Status::	<b>Full Capacity</b>
Given Name::	<b>Anil</b>
Middle Name::	
Family Name::	<b>Singhal</b>
Name Suffix::	
City of Residence::	<b>Carlisle</b>
State or Province of Residence::	<b>MA</b>
Country of Residence::	<b>US</b>
Street of Mailing Address::	<b>265 Kimball Road</b>
City of Mailing Address::	<b>Carlisle</b>
State or Province of Mailing Address::	<b>MA</b>
Country of Mailing Address::	<b>US</b>
Postal or Zip Code of Mailing Address::	<b>01741</b>

Applicant Authority Type:: **Inv ntor**  
 Primary Citizenship Country:: **India**  
 Status:: **Full Capacity**  
 Given Name:: **Dionisio**  
 Middle Name::  
 Family Name:: **Lobo**  
 Name Suffix::  
 City of Residence:: **Lowell**  
 State or Province of Residence:: **MA**  
 Country of Residence:: **US**  
 Street of Mailing Address:: **714 Chelmsford St., #314**  
 City of Mailing Address:: **Lowell**  
 State or Province of Mailing Address:: **MA**  
 Country of Mailing Address:: **US**  
 Postal or Zip Code of Mailing Address:: **01851**

#### **Correspondence Information**

Correspondence Customer Number:: **021323**

#### **Representative Information**

Representative Customer Number:: **021323**

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b>60/402,255</b>	<b>08/09/02</b>